

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/646992

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
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TOTAL IND.	1					
TOTAL DEP.	3	↔	↔	↔		
TOTAL CLAIMS	4					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓			
TOTAL DEP.		↔	↔	↔		
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831